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ABSTRACT

The librarian working in a hospital or institution with patients and the therapy staff must go beyond conventional library service. With many kinds of resources available the library becomes an integral part of the remedial and rehabilitative program. Strong and sustained motivation is necessary because the institution is an artificial environment in which regression is likely to occur, and an assessment of the complex circumstances which brought the individual to the institution call for remediation. The librarian must develop an active program which is therapeutic in nature, and which will also support the therapy staff in its activities. Bibliotherapy, the application of reading programs to solve individual problems, may be carried out independently or in groups. Based on psychological principles and a broad understanding of literature, this technique can be a strong motivating factor. The present tendency of shifting treatment programs to the community rather than the institution calls for greater coordination by local agencies. The public library will be called upon to extend its services to the handicapped in greater measure than in the past. (Author)

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THE LIBRARY AS A MOTIVATING FACTOR

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At a recent ALA Conference one of the speakers discussing remedial programs in correctional institutions made this statement: "A skill does not change motivation."[1] A man in prison may be taught a skill at which he can be gainfully employed, but if he is not motivated to use that skill he will more than likely return to a life of crime. In the same context, an alcoholic will know - intellectually - all the reasons why he should not drink, but it may take the strong motivation provided by Alcoholics Anonymous to bring him to sobriety.

The dictionary defines a motive as "something within a person (as need, idea, organic state or emotion) that incites him to action," and there is a great deal of inner activity that takes place before overt action occurs. It is this inner action, affected as it is by personality and environment, and further influenced by the formation of attitudes and motives that governs our behavior. So we become concerned with the development of good attitudes and motives which will result in behavior that conforms to existing standards.

It is interesting to note that psychotherapy has moved from classical Freudian analysis through a variety of clinical techniques with myriad names to present day treatment programs. These include behavior modification, individual counseling, testing, interviewing, and group therapy of all kinds. The theory behind behavior modification lies in the belief that

behavior is learned and can be unlearned, so that other more acceptable patterns of behavior will replace the unacceptable.[2]

The term behavior modification refers to a conditioning process that is used with many types of patients - the retarded, the neurotic, and those with compulsive or phobic behavior. The individual is interviewed and tested in order to determine the nature and extent of his problem. Instead of reaching into the past to uncover and treat this condition, the current state of the problem is attacked. The patient goes through a desensitization process which includes relaxation technique, suggestion, and reward or punishment depending on his response. With the alcoholic this is an aversive technique which should make drinking intolerable. With the severely retarded conditioning is used in toilet training, feeding, and other similar problems. For people with phobias the fear is removed and normal reaction is substituted.

Those of us who work in hospitals and institutions observe these changes in the care and treatment of patients and inmates. Through staff conferences and inservice training all personnel are made aware of these constant changes used to improve the level of care, and do what they can to support these care and treatment efforts. The mentally ill, the mentally retarded, the alcoholic and drug addict, the chronically ill and disabled, the elderly in nursing homes, the offenders in training schools and prisons, these are our public, and they come from every nationality, every color, and from every condition of life. They really cannot be categorized since all of their assorted problems - physical, mental, social, and educational add up to

a unique situation demanding individual attention.

The institutional library may resemble a small public library in staffing and collection, but in order to justify its existence the institutional library must be a part of the therapeutic community, as treatment institutions are now described. The total environment contributes to this therapeutic milieu, and every phase of the program should contribute to the well being and improvement of the patient.

What features distinguish the institution library from the small public library? For one thing, the collection will be weighted in favor of the kinds of material which will support therapy programs, including the non-print media and mechanical reading aids. There will be game, music, poetry, and craft books. There will be a great deal of ephameral material - pictures, clippings and objects which will be useful in discussion groups and for making displays. There will be an up-to-date fiction collection with a good many unsnobbish light romances, mysteries, and westerns. There will be a good reference section, and a representative non-fiction collection of books written at a popular level rather than scholarly or academic. I once saw a list supposedly compiled for a hospital library that contained a seven volume biography of George Washington. Much as most Americans revere the father of their country, few people, let alone patients in a hospital will care to learn that much about President Washington.

The service rendered by the library staff differs in that materials are brought to the reader, as well as the reader coming to the library, and his interest in reading is deliberately

stimulated. Library activities may be planned as adjunctive education, as a form of group therapy, or as a social event. The reader should be helped to understand the conditions which brought him into the institution; he should be helped to adjust to institutional life, and his thoughts and energies should be directed toward the future when he will return home. This is recreational, remedial, and rehabilitative library service.

So much of motivation takes place on a subconscious level, and we seem to absorb it by a process of osmosis so that we cannot tell, much of the time, what the circumstances are that impel us to act in certain ways. It takes a great deal of persistent motivation to stimulate the mentally retarded to learn a job skill which they are capable of performing. It also takes a great deal of repetitive training. It is not easy to channel the thoughts of a delinquent adolescent away from stealing cars or shoplifting into constructive modes of behavior. It takes support from many sources to accept and move beyond chronic illness or physical disability.

The interaction and communication that ultimately lead to change are fraught with numerous hazards. Inertia must be overcome, the idea that change is necessary and desirable carries the implication that present performance is inadequate, and change in itself is often suspect. Feelings of self worth, intellectual curiosity, the formation of both short and long term goals are all factors that strengthen motives, develop new attitudes, and eventually lead to changed behavior, but in the beginning the thread may be so tenuous that it takes strong emotional support

to weave it into a durable fabric.

There is a sixteen year old girl in St. Paul who was swimming this summer when a small amphibious plane on the lake went out of control. It crashed into her, and one of her legs was cut off and the other was so mangled that it, too, had to be amputated. How do you counsel and guide a young person with this kind of physical and psychological problem to the realization that life still has worth and meaning, and that she must believe in herself as a person? It is in the still, small hours when the therapists and counselors have gone home that real motivation takes place. Perhaps it is trite to say that this is the time when we need to provide the proverbial right book at the right time; but trite or not, this is true because reading is an inner, analytical experience that adds to the sum total of our motives and attitudes. To quote Caroline Shrodes:

> There is an interaction between the personality of the reader and imaginative literature which may be utilized to engage his emotions and free them for conscious and productive use. Bibliotherapy is made possible by the 'shock of recognition' the reader experiences when he beholds himself, or those close to him, in a story or some other piece of literature. So successfully does the skilled writer create an illusion of reality that, as Freud says, "he is able to guide the current of our emotions, dam it up in one direction and make it flow in another," or in another context, "words and magic were in the beginning one and the same thing." [3]

I'm sure you recall the incident in <u>Manchild in the Promised Land</u> where the little boy from Harlem goes to visit his grandparents. In showing off for a friend he tries to lift

a sack of corn that is too heavy for him, and Grandma lets fly with a switch across the back of the neck because she doesn't want him disabled like his Grandpa from a hernia. The boy is angry and starts walking down the road back to New York. Grandma, of course, goes after him, and with her arm around his shoulder explains her reason for hitting him. There is a wealth of insight in a few sentences. Listen --- "When I saw the house coming at us up the road, I was kind of sad. I looked at Grandma's wrinkled face and I liked it. I knew I had fallen in love with that mean old lady who, I used to think, had a mouth like a monkey. I had fallen in love with a mean old lady because she hit me across the neck for trying to lift a sack of corn."[4] This has a psychological impact, a universal meaning, and if that weren't enough a lesson in preventive medicine.

This is what we strive for in bibliotherapy, universalization and identification first of all. Everyone of us has at some time been the bratty little kid who got his come-uppance, and has loved the person who thought enough of us to teach us a lesson. Bibliotherapy may involve catharsis by stimulating the patient to anger, to scorn or tears, thereby presenting the therapist with a clue to what caused the reaction and the patient will eventually experience insight.

This transference is what happens in bibliotherapy, but there is a bread and butter type of guidance which we call therapeutic library service that is motivational. This is the help the librarian gives to the teacher or student; to the occupational or activity therapist; to the volunteer who reads aloud to a patient; to the groups that meet in the library, not for

psychoanalytic reading and discussion but for developmental and remedial purposes. These are often interdepartmental activities, there is often a definite goal in mind, and measurable results may be obtained. This is where institution libraries really justify their existence.

Many people have been committed to mental hospitals because they were not able to make the adjustment to chronic illness or physical disability, and they broke under the attending problems that these conditions created. Today these concerns are becoming the responsibility of the community, and fewer people are being hospitalized. Local mental health clinics, special classes in public schools, all manner of community resources are being tapped in order to treat, counsel, instruct, and rehabilitate the individual. We are moving slowly but steadily toward better cooperation and coordination of facilities, but it is still pretty much a case of each one "doing his own thing."

This is often true of the public library's role in the larger therapeutic community that is the town, city or other political subdivision. In recent years the public library has become aware of the disadvantaged and is moving into the neighborhood with the kinds of service relevant to its needs. Seldom have institution librarians who have worked with this type of person been consulted as to how these programs should be developed. I did serve on one interdivisional committee and felt that I broke a little ground, but I know I startled a few people when I put in a strong pitch for good reading matter and consistently supervised service for local jails.

To many librarians the down to earth problems of the community seem so pedestrian compared with those of the academic scholar or researcher that they lack interest. Actually, they

are just as vital to the individual, and at the present time may be of more significance to our nation. One of the problems of great concern right now is the deteriorating quality of our national life. President Nixon expressed this concern not long ago in Kansas City when he said that our nation could decline as Greece and Rome did unless we heed the warning signals.

Libraries, everywhere, have consistently had a commitment to enhance the quality of human life. This has been a strong feature of our professional training, but we need to be more aggressive in carrying out this commitment. A well informed, sufficiently motivated citizenry presents fewer problems for society as a whole to solve. This, of course, is the ideal upon which a democratic form of government is predicated, and libraries, wherever they are, are an important means by which people acquire knowledge, skills, and motivation. We need the information, and the motives for putting our skills to use.

> Pavlov, the great Russian psychologist, said it this way:
> Ideas and theories are like the wings of birds;
> they allow man to soar and to climb to the heavens.
> But facts are like the atmosphere against which
> those wings must beat, and without which the soaring
> bird will surely plummet back to earth.[5]

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The librarian working in a hospital or institution with patients and the therapy staff must go beyond conventional library service. With many kinds of resources available the library becomes an integral part of the remedial and rehabilitative program.

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